

Washington Metropolitan Area Transit Commission

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

JAN 27 2016

1. CARRIER INFORMATION:

1071 | Total Care Services, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

5000 Philadelphia Way, #J | | Lanham | MD | 20706-4408

*Street Address of Principal Place of Business | Apt./Suite | City | State | Zip

Mailing Address (if different from street address) | Apt./Suite | City | State | Zip

(301) 918-0070 | (301) 918-3872 | ladams@totalcare1.com

*Telephone | Other Telephone | Fax | E-mail

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No. | DCTC No. | Virginia DMV passenger carrier No. | Maryland PSC No.

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Larry Adams | Operations Manager

*Name | *Title

(301) 918-0070 | (301) 918-3872 | ladams@totalcare1.com

*Telephone | Other Telephone | Fax | E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process | Telephone | E-mail

Agent Address (must be inside Metropolitan District) | Apt./Suite | City | State | Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

No such changes have occurred

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. If you have more than 10 vehicles in your fleet, you must use option 2. Include **all** required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
	2007	Chevrolet	1GAG390571234170	B43205	DC	15	No
	2007	Chevrolet	1GAG390471234189	B43633	DC	15	No
	2007	Chevrolet	1GAG390271245269	B43697	DC	15	No
	2006	Chevrolet	1GAG39056118158	B42061	D.C.	12	No
	2008	Chevrolet	1GAG3908081131741	B43666	D.C.	15	No
	2007	Toyota	5TDZK23C375067766	CW1911	D.C.	7	No
	2007	Toyota	5TDZK23CX75068882	CW1912	D.C.	7	No
	2007	Toyota	5TDZK27C975013650	B45138	D.C.	7	Yes

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Larry Adams

*Name (type or print)

Operations Manager

*Title (not required for sole proprietors)

Larry Adams

*Signature

Jan 19, 2016

*Date